

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last) <i>ASTRUC</i>	(First) <i>Gilbert</i>	(Middle) <i>Phillip</i>	TELEPHONE <i>949</i> <i>673-8812</i>
MAILING ADDRESS (Street) <i>211 Rights Ave</i>			FAX <i>949</i> <i>673-8814</i>
(City) <i>Newport Beach</i>	(State) <i>CA</i>	(Zip Code) <i>92662</i>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) <i>N/A</i>			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>TAP PHARMACEUTICALS</i>		TELEPHONE <i>800</i> <i>348-2779</i>
MAILING ADDRESS (Street) <i>675 North Field Drive</i>		FAX
(City) <i>Lake Forest</i>	(State) <i>IL</i>	(Zip Code) <i>60045</i>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <i>Michael Hughes</i>		TELEPHONE <i>503</i> <i>656-3382</i>
MAILING ADDRESS (Street) <i>1915 SW Pinto Court</i>		FAX
(City) <i>West Linn</i>	(State) <i>OR</i>	(Zip Code) <i>97068</i>

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

☒ Human ServicesScience, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

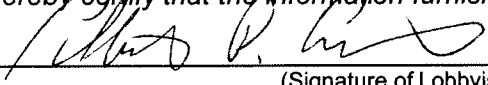
Housing

Public Safety & Corrections

and any others have
business to do w/ pharmaceutical
policy

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

2/1/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Michael Hughes

NAME OF ORGANIZATION (if applicable)

TELEPHONE 503

TAP PHARMACEUTICALS

656-3382

MAILING ADDRESS (Street)

FAX

1915 SW Pinto Ct.

(City)

(State)

(Zip Code)

West Linn

OR

97068

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

2/1/07

(Date)